

#### STATE OF WASHINGTON

#### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

March 3, 2006

#### Subject: Your Telecommunications Annual Report and Regulatory Fees are Due May 1

State law requires you to file an annual report and pay regulatory fees to the Washington Utilities and Transportation Commission.

#### What is required of me?

By May 1, you must:

- Complete and file the enclosed 2005 annual report form
- Pay your 2006 regulatory fees

Failure to file your annual report or pay regulatory fees by May 1 will result in a penalty and possible revocation of your registration to operate in Washington. This is the only notice you will receive from the commission.

#### What happens if I do not pay my regulatory fees by May 1?

If regulatory fees are not paid by May 1, you will incur:

- a 2 percent penalty on the amount due; and
- a 1 percent monthly interest charge on the unpaid balance.

## Can I request an extension of time if I am unable to file the annual report by May 1?

Yes, you must provide the request in writing, including a valid reason for the extension by May 1. We will notify you when your request is approved or denied. You will still be liable for penalty and interest payments if you fail to pay your regulatory fees by May 1. Additional penalties of up to \$100 per day for late filed reports or for failure to file reports may be assessed.

# Can I designate any information that I submit in my annual report as confidential?

Yes, however, you must follow the strict legal guidelines outlined in WAC 480-07-160 (3).

## Where do I mail the completed annual report form and regulatory fee payment?

Washington Utilities and Transportation Commission PO Box 47250 Olympia, WA 98504-7250

## Where can I obtain an electronic version of the annual report?

Forms are available on our website at <a href="www.wutc.wa.gov">www.wutc.wa.gov</a>. Locate "Quick Links" then select "2005 annual reports".

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#### Who do I contact if I have questions?

You may call 360-664-1201 or e-mail us at: <a href="mailto:annualreports@wutc.wa.gov">annualreports@wutc.wa.gov</a>. If you need this information in an alternate format, please call 360-664-1133. TTY Toll Free phone number is 1-800-416-5289.

Sincerely,

Carole J. Washburn Executive Secretary

Enclosures

001-111-02-68-170-01:

# **TELECOMMUNICATIONS COMPANIES**

### **ANNUAL REPORT**

| 0<br>0<br>5                       |          |           |           |         |        |          |            |          |               |                 |   |                           |       |          |        |          |         |             | -       |          |
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|                                   | W        | /ASH      | iing      |         |        |          |            |          |               |                 |   | RTA <sup>-</sup><br>BER : |       |          | MM     | IISS     | ION     | ı           |         |          |
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|                                   |          |           |           |         |        |          |            |          |               |                 |   |                           |       |          |        |          |         |             |         |          |
| NAME:                             |          |           |           |         |        |          |            |          |               |                 |   |                           |       |          |        |          |         |             |         |          |
|                                   |          |           |           |         |        |          |            |          |               |                 |   |                           | 7IP·  |          |        |          |         |             |         |          |
| CITY:                             |          |           |           |         |        |          |            |          |               |                 |   |                           |       |          |        |          |         |             |         |          |
| The con                           | npany    | must      | notify    | the C   | omn    | nissio   | n, in w    |          |               |                 | inges   | s to the                  | abov  | e info   | rmat   | ion.     |         |             |         |          |
| TYPE OF P                         | AVMENI   | - DO N    | OT SEI    | UD CAS  | LI INI | TUE MA   |            | SE       | CTIO          | N 2             | _   |                           |       |          |        |          | - 0 - 1 |             |         |          |
| Check                             |          |           |           |         |        |          |            | Card     |               |                 | For Commission Use Only  Credit Card Authorization #: |                           |       |          |        |          |         |             |         |          |
| Credit Card                       | Number   | :<br>     |           |         | Expir  | ation Da | te         | 1        | 1             |                 | <del>.</del>  | 1                         | 1     | <u> </u> | 1      | <u> </u> |         | Month/      | /Year   | <u> </u> |
| CERTIFICA on behalf of Name (Prin | the appl | icant, ar | id that I | agree t | o pay  | the abo  | ve total a | amount a | accordir<br>— | t the ing to ca | ard iss<br>Tit  | tion is tru<br>uer agree  | ment. |          |        |          |         | <del></del> | d to ex | xecute   |
| Reception N                       |          |           | <u>.</u>  |         |        |          | -68-170-   | or Com   | mission       | Use C           | nly   |                           |       |          |        |          |         |             |         |          |

001-111-02-68-032-05:\_\_

|  |  | SECTION 3  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.   | Provide the following supplem  | ental documents with this annual report:   |  |  |  |  |  |  |  |  |  |
|  | ☐ Income statement   |  |  |  |  |  |  |  |  |  |  |
|  | Balance sheet  |  |  |  |  |  |  |  |  |  |  |
|  | Additional information   | n if required under WAC 480-120-304 (e) (i), (ii), (iii)   |  |  |  |  |  |  |  |  |  |
| 2  | 2 Washington Unified Business Identifier (UBI) No.: (If you do not know your UBI Number, please contact the Department of Licensing at (360)664-1400)  |  |  |  |  |  |  |  |  |  |  |
| 3.   | 3. Does your company provide operator services (automated or live assistance to customers in completing or billing a telephone call) at a call aggregator location, such as at a pay phone?   Yes   No |  |  |  |  |  |  |  |  |  |  |
| <ul> <li>4. Does your company provide local exchange services in Washington?  Yes  No</li> <li>If no, proceed to Section 4.</li> <li>If yes, the following instructions apply: <ul> <li>a. If your company filed Form 477 (federal filing deadline of March 1, 2006) with the Federal Communications Commission for its Washington operations, proceed to Section 4. The WUTC will obtain a copy of the company's Form 477 directly from the FCC.</li> <li>b. If the company did not file FCC Form 477 for its Washington operations, complete the following:</li> </ul> </li> </ul> |  |  |  |  |  |  |  |  |  |  |  |
|  | -  | State Data as of December 31, 2005  Dice telephone service provided to end users.  | (a) Total voice-grade equivalent lines and voice-grade equivalent wireless channels in service |  |  |  |  |  |  |  |  |
|  | 1.<br>➤ Vo   | Total lines and channels you provided to end users.  pice telephone service provided to other communications carriers, categ | gorized by:  |  |  |  |  |  |  |  |  |
|  | 2.   | Lines and channels that you provided under a Total Service Resale arrangement.   |  |  |  |  |  |  |  |  |  |
|  | 3.   | Lines and channels you provided under other resale arrangements, such as resold Centrex.                                     |  |  |  |  |  |  |  |  |  |

| SECTION 4   |                                   |  |  |  |  |  |
|---|-----------------------------------|--|--|--|--|--|
| CERTIFICATION   |                                   |  |  |  |  |  |
| I certify that I,, the  | e responsible account officer for |  |  |  |  |  |
| to the best of my knowledge, information and belief, all statements of fact contained in said report are true and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1, 2005, to December 31, 2005, inclusive. |                                   |  |  |  |  |  |
| Name (Printed) Title  |                                   |  |  |  |  |  |
| Signature   | Date ————                         |  |  |  |  |  |

#### REGULATORY FEE CALCULATION SCHEDULE

Company Name\_\_\_

|    | Company Name   | Annual Report  | Year <u>2005</u> |          |                 |                      |  |
|----|--|--|------------------|----------|-----------------|----------------------|--|
|    | In accordance with chapter 80.24.010 RO to file reports of gross intrastate operating shall file with the Commission a statement for the preceding year and pay to the Commission as the Commiss | g revenue and pay fees on that revenue<br>nt under oath showing its gross intrasta | e. Eve           | ry c     | ompany subjec   |                      |  |
| 1  | Total Gross Intrastate Operating Revenu  | e **   |                  |          |                 | 1                    | \$   |
| 2  | Less Non Fee-Paying Revenue  |  |                  |          |                 | 2                    | \$   |
| 3  | Balance-Adjusted Gross Intrastate Opera  | ating Revenue (subtract line 2 from 1)   |                  |          |                 | 3                    | \$   |
| 4  | Regulatory Fee Calculations:   |  |                  |          |                 | 4                    |  |
| 4a | If line 3 is <b>UNDER</b> \$20,000, Enter <b>ZERO</b>  | (Filing ZERO indicates schedule is com   | plete)           |          |                 | 4a                   | \$   |
| 4b | If line 3 is <b>BETWEEN</b> \$20,000 and \$50,00 (Filing <b>BETWEEN</b> \$20,000 and \$50,000 in   |  | 4b               |          | 1 go to Line 6) | x .1 % (.001) =      | \$   |
| 4c | If line 3 is <b>OVER</b> \$50,000-enter amount fi  |  | 4c               |          | 1 go to Line of |                      |  |
|    | First \$50,000 is subject to .1% regulatory  |  | 4d               | <u> </u> | 50,000.00       | x .1 % (.001) =      | \$   |
| 4e | Adjustment of Gross Intrastate Operating   | Revenue (subtract Line 4d from 4c)   | 4e               | \$       | <del></del>     | x .19% (.0019) =     |  |
| 5  | Total Regulatory Fees owed (enter line 4   | b, or add 4d and 4e)   |                  |          |                 | 5<br>Agency Use Only | 22 22 30 30  |
|    | Complete Lines 6 through 9 if filing   | ı after May 1  |                  |          |                 | Language, ede Ciny   | CO. 7   CO. 110   CO. 120   CO. 12 |
| 6  | Penalties on Regulatory Fees filed after N   | May 1  |                  |          |                 | 6                    |  |
| 6a | Total Penalties on Regulatory Fees owed  | l - enter amount from line 5   | 6a               | \$       |                 | x 2 % (.02) =        | \$   |
| 7  | Interest on Regulatory Fees filed after Ma   | ay 1   |                  |          | <del>"</del>    | 7                    |  |
| 7a | Amount from line 5   | _x Number of months past May   | x                | 1%       | (.01) =         | 7a                   | \$   |
| 8  | Total Penalties and Interest owed (add lin   | nes 6a and 7a)   |                  |          |                 | 8                    | \$   |
|    |  |  |                  |          |                 | Agency Use Only      | 001-111-02-68-170-11   |
| 9  | Total Regulatory, Penalty and Interest Fe  | es Due (add lines 5 and 8)   |                  |          |                 | a                    | <u> </u>   |

<sup>\*\*</sup> Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs, price lists, and/or contracts on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.